

## STATEMENT OF ECONOMIC INTERESTS

COVER PAGETICAL PRACTICES COMMISSION

APR 01 2013

City of San Clements d Official Use Only

Please type or print in ink.

AME OF FILER (LAST)	9/19 A @ Post C CM 4 C : Sity Start Department
BAKER	ROBERT DONALD
Office, Agency, or Court	
Agency Name  CITY OF SAW CLEMENTS  Division, Board, Department, District, if applicable	S MEMBER CITY COUNCIL Your Position
► If filing for multiple positions, list below or on an attachment.	53 10 M 110 1
Agency: OE FIRE AUTHORITY	Position: BOARD MEMBER LY LUMMITTEE
Jurisdiction of Office (Check at least one box)	7 2014 1722
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	· · · · · · · · · · · · · · · · · · ·
SCity of SAN CLEMENTE	County of
Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012, through December 31, 2012.	Leaving Office: Date Left/(Check one)
The period covered is	through O The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed/	
Candidate: Election year and office	sought, if different than Part 1:
Schedule Summary	2
Check applicable schedules or "None."	► Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attache
Schedule A-2 - Investments - schedule attached	<ul> <li>Schedule D ⋅ Income – Gifts – schedule attached</li> <li>Schedule E ⋅ Income – Gifts – Travel Payments – schedule attached</li> </ul>
Schedule B - Real Property – schedule attached	
-or- None - No report	table interests on any schedule
V	
M (E  C  D  I have used all reasonable diligence in preparing this statement. The project and in any attached schedules in true and complete. I acknowledge the second schedules in true and complete. It acknowledges the second schedules in true and complete.	
herein and in any attached schedules is true and complete. I ack	
I certify under penalty of perjury under the laws of the State of Date Signed $\frac{4/1/2013}{}$	
(month, day, year)	, , , , , , , , , , , , , , , , , , , ,

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
	P 1. BUSINESS ENTITY ON TRUST
IT NET LOGISTICS  Name  7251 W.LAKEMBADE BLVD, LV, NV	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  FT HARDWALK INSTALLATION	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  □ \$0 - \$1,999 □ \$2,000 - \$10,000  ■ \$10,001 - \$100,000  ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  ACQUIRED DISPOSED
S100,001 - \$1,000,000 Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION PARTNER	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$\begin{align*} \begin{align*} \begi	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000    12
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST .  Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_\_\_